

Exhibit

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12/20/2017 12:43:56 PM PAGE 3/003

KC The Kennedy Center • 2700 W 9TH AVE, OSHKOSH WI 54904-7864

BYRD, LEWIS E (id #5546689, dob: [REDACTED] 1977)

Orthopedic Surgery

Smoking Status: Never smoker

Occupation: oshkosh correctional facility

Marital status: Divorced

Do you feel safe?: Y

Able to Care for Self: Y

Alcohol intake: None

Illicit drugs: none

Hand Dominance: Right

If injured, is litigation ongoing?: Y (Notes: civil litigation pending, no lawyer. representing himself)

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

high blood pressure: Y

Screening

None recorded.

HPI

Patient presents today right elbow pain stemming from 2016. He had fractured it at the time of incarceration followed by twisting it. It is now a constant 7-8 out of 10 with limitation of movement. He has been on Tylenol and Naprosyn.

ROS

Additionally reports: There were no complaint in HEENT, cardiological, respiratory, GI, GU, psychiatric, dermatological, neurological systems with musculoskeletal being right elbow pain.

Physical Exam

Patient is a 40-year-old male.

Patient is a 40-year-old gentleman accompanied by 2 guards. He is right-hand dominant. Right elbow shows terminal flexion to 110 with extension lag of -35. I can bring him to -20 under protest. He lags in supination. He can externally rotate and supinate only 30° with pronation of 80. His elbow has no redness or erythema. He is tender over the antecubital fossa and the radial head itself. Collaterals are stable although he has discomfort to varus and valgus load. He is neurovascularly intact. He has no wrist pain to suggest a problem with the DRUJ; therefore, no x-rays are obtained of the wrist.

Images of the right elbow were ordered here at the Kennedy Center consisting of AP and lateral views. I

interpreted and reviewed with the patient these findings. The findings would demonstrate a displaced nonunion of his radial head.

Assessment / Plan**1. Fracture of radial head**

S52.121S: Displaced fracture of head of right radius, sequela

- ELBOW RADIAL HEAD FRACTURE: REHAB EXERCISES

Patient Instructions

At this point the option of debriding the nonunion and then obtaining bone graft from the hip and securing fixation is a risky option since this is 2 years out. I have recommended a radial head arthroplasty which would rectify the problem immediately. He has some arthritic changes starting a ready.

The risks and benefits of surgical intervention including infection, wound complication, non-healing and anesthetic risks were discussed. The nature of the pathology, non-surgical options, time off work, activity modifications and the surgery itself were detailed. Patient modification of risk factors including cessation of tobacco, hygiene and life style modification have been addressed. Patient has all questions answered and has requested that we proceed with the right radial head arthroplasty.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DAVIS C TSAI, MD, 12/18/2017.

Encounter performed and documented by DAVIS C TSAI, MD

Encounter reviewed & signed by DAVIS C TSAI, MD on 12/18/2017 at 4:17pm

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Exhibit 10

1 of 5

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MERCY ROI

PAGE 02/10

ASCENSION MERCY HOSPITAL

500 S. Oakwood Road Oshkosh, WI 54904 (920)-223-0100

DEPARTMENT OF RADIOLOGY

	D.O.B	AGE	SEX	EXAM DATE
BYRD, LEWIS E	[REDACTED]	1977 40	M	12/15/17
	LOC: M.RAD			
	Pt Ph#: 920-231-4010			
	MR#: 0000400150			
	ACCT# 003708624			
	Status: REG CLI			

Ordered By: TANNAN MD, DILIP K

EXAM#	TYPE/EXAM	RESULT
002755002	MRI/ELBOW RT WO/CONTRAST	

ELBOW RT WO/CONTRAST

CLINICAL INDICATION: Right elbow pain.

TECHNIQUE: Coronal T1 and fat saturated T2-weighted images, sagittal fat saturated T2 and axial proton density weighted and fat saturated T2-weighted images of the right elbow were obtained.

COMPARISON: Radiographs 11/20/2017, 11/22/2016.

RIGHT ELBOW FINDINGS:

Bones and elbow joint: Ununited intra-articular radial head fracture oriented in the coronal plane at the junction of the anterior and middle thirds, with slight (1 mm) medial displacement of the dominant fragment seen on axial images. There is faint degenerative signal change along the fracture margins shown on axial and sagittal images. Spurring and ossicle along the inferomedial surface of the medial humeral condyle. Mild spurring at the lateral humeral condyle and along the ulnohumeral articulation. No acute osseous abnormality identified. Slight elbow joint effusion.

Biceps, triceps, and brachialis tendons: Intact with normal signal characteristics.

Flexor and extensor forearm tendon origins: Intact.

Collateral ligaments: Radial collateral ligament, ulnar collateral ligament, and lateral ulnar collateral ligament appear intact.

Visualized aspects of the ulnar, median, and radial nerves: Normal appearance.

Soft tissues and musculature: Unremarkable.

RIGHT ELBOW IMPRESSION:

1. Ununited intra-articular right radial head fracture, corresponding to previous radiographs.
2. No ligament or tendon pathology identified at the right elbow.
3. Degenerative change

Brian A. Cole, MD

PAGE 1

Signed Report Printed From PCI (CONTINUED)

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Exhibit 10
2 of 5

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3001 (Rev. 3/2011)

WISCONSIN

OFF-SITE SERVICE REQUEST AND REPORT

REQUEST

PATIENT NAME (Last, First, M.I.) Byrd, Lewis		DOC # 657840	DOB (mm/dd/yyyy) 06/22/1977
REFERRED TO Tsai	CLINIC MEDICAL RECORD #	CLINIC / FACILITY MMC-Surgery	APPROPRIATE FOR TELEMEDICINE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RELEVANT SYMPTOMS / PROBLEMS / DIAGNOSIS R elbow pain			

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QUESTIONS / OUTCOMES TO BE ADDRESSED BY THIS EVALUATION

Rt elbow arthroplasty

JAN 02 2018

OSCI-HSU

PLEASE FAX DICTATED NOTE AND ANY RADIOLOGY RESULTS TO (920) 236 2628

NURSING TO ATTACH CURRENT LIST OF MEDICATIONS ALLERGIES AND DOC FORMULARY FOR ALL OFF-SITE CARE

ADVANCED CARE PROVIDER TO SPECIFY DATA TO GO WITH PATIENT TO OFF-SITE

<input type="checkbox"/> PE/Progress Note Extracts	<input type="checkbox"/> Medical Imaging	<input type="checkbox"/> Other
<input type="checkbox"/> Lab Results	<input type="checkbox"/> Old Records/Consult Extract	

OUTPATIENT CONTACT DATE (mm/dd/yyyy): 1/2/2018 ☒ CLINIC ☐ TELEMEDICINETIME: ☐ AM ☐ PM OR ADMISSION DATE (mm/dd/yyyy):

REFERRED BY: Dr. D. Tannan	HSU OSCI	PHONE NUMBER 920-232-2657	FAX NUMBER 920-236-2628	DATE (mm/dd/yyyy): 12/20/2017
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RECOMMENDED PLAN OF CARE

PRIMARY DIAGNOSIS / OTHER DIAGNOSES / PERTINENT HISTORY & OBJECTIVE FINDINGS / TREATMENTS / PROCEDURES AND DIAGNOSTIC WORK PERFORMED:

RECOMMENDATIONS

See packet

DO:

- Dictate from Recommendations

DO NOT:

- Inform Patient of Upcoming Appointments
- Prescribe Comfort Measures Unrelated to your Specialty

FOLLOW-UP: ☐ CLINIC ☐ TELEMEDICINE ____ week(s) ____ month(s) ____ year

INDICATE CLASSIFICATION IF YOU ARE RECOMMENDING SURGERY OR A PROCEDURE (Description Below)

☐ Class I ☐ Class II ☐ Class III-A ☐ Class III-B ☒ Class IV ☐ Non-Surgical

PHYSICIAN NAME (Please Print) D TSM	PHYSICIAN SIGNATURE <i>[Signature]</i>	DATE SIGNED 1/2/18
HOSPITAL/ CLINIC NAME Mey		TELEPHONE NUMBER 223 0127

DISTRIBUTION: Original – Medical Chart, Consultations Section, or Dental Record, Correspondence Section; Copy – Off-Site Provider's Medical Record

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1/18/2018 10:11:06 AM PAGE 37003

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BYRD, LEWIS E (id #5546689, dob: [REDACTED] 1977)

Marital status: Divorced

Do you feel safe?: Y

Able to Care for Self: Y

Alcohol intake: None

Illicit drugs: none

Hand Dominance: Right

If injured, is litigation ongoing?: Y (Notes: civil litigation pending, no lawyer representing himself)

Surgical History

Surgical History not reviewed (last reviewed 12/18/2017)

Reconstruct head of radius - 01/02/2018 - Right radial head arthroplasty DCT

Past Medical History

Past Medical History not reviewed (last reviewed 12/18/2017)

high blood pressure: Y

Screening

None recorded.

HPI

Patient is two-weeks status post right radial head arthroplasty. He has been out of the splint and sling. He reports baseline pain 0 out of 10 and with twisting 4 out of 10.

ROS**Additionally reports:** There were no complaint in HEENT, cardiological, respiratory, GI, GU, psychiatric, dermatological, neurological systems with musculoskeletal being right elbow pain.**Physical Exam**

Patient is a 40-year-old male.

Patient is a 40-year-old gentleman accompanied by 2 guards. Incision is clean, dry and intact. He is neurovascularly intact.

Images of the right elbow were ordered here at the Kennedy Center consisting of AP and lateral views. I interpreted and reviewed with the patient these findings. The findings would demonstrate no dislocation of the elbow and the radial head is in good position.

Assessment / Plan**1. Fracture of radial head**

S52.121S: Displaced fracture of head of right radius, sequela

- ELBOW RADIAL HEAD FRACTURE: REHAB EXERCISES

Patient Instructions

Simple flexion, extension, supination and pronation exercises were demonstrated and written down on his prison paperwork for them to allow him to do. I will see him in 1 month and we will begin strengthening then. He understands is a one-year process for him to obtain full range of motion. He will have posttraumatic arthrosis still in play as identified osteochondral defect on the humeral side which is still in play.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DAVIS C TSAI, MD, 01/17/2018.

Encounter performed and documented by DAVIS C TSAI, MD

Encounter reviewed & signed by DAVIS C TSAI, MD on 01/17/2018 at 3:54pm

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4 of 11